

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003766

**Entity Name:** A PLUS FOUNDATION, INC.

**Current Principal Place of Business:**

7921 SOUTHGATE BLVD  
D8  
N LAUDERDALE, FL 33068

**FILED**  
**Jan 02, 2013**  
**Secretary of State**  
**CC6997078038**

**Current Mailing Address:**

P.O. BOX 770295  
CORAL SPRINGS, FL 33077

**FEI Number:** 20-4647178

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

THOMAS, BARBARA J  
7921 SOUTHGATE BLVD  
D8  
N LAUDERDALE, FL 33068 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name KURTZ, EMMA H  
Address 1081 N.W. 19 COURT  
City-State-Zip: FORT LAUDERDALE FL 33311

Title DV  
Name GRACE, REVERTHA W  
Address 4501 N.W. 25 STREET  
City-State-Zip: LAUDERHILL FL 33313

Title DS  
Name THOMAS, BARBARA J  
Address 7921 SOUTHGATE BOULEVARD D8  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DT  
Name MCCRAY, JOEL D  
Address 5900 N.W. 17TH PLACE #215  
City-State-Zip: SUNRISE FL 33313

Title D  
Name LEE, ANN B  
Address 2832 N.W. 4TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name WRIGHT, LUWANDO  
Address 8109 SW 19 STREET  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name HILTON, OLIVIA  
Address 2421 E. ARAGON BLVD.  
UNIT #6  
City-State-Zip: SUNRISE FL 33313

Title DIRECTOR  
Name MOORE-ADDERLEY, TRELLANEE  
Address 1617 SOUTH FEDERAL HIGHWAY  
#113  
City-State-Zip: POMPANO BEACH FL 33062

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA J. THOMAS

**DIRECTOR SECRETARY**

**01/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PATTERSON, JOSETTA  
Address        11800 SOUTH ISLAND ROAD  
City-State-Zip: COOPER CITY FL 33036